

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A  
PAYMENT ISSUE DATE: 8/27/2013

ALAMEDA COUNTY TREASURER  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.03911792</b>

<b>Gross Claim</b>	<b>\$</b>	<b>252,490.48</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>252,490.48</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,572,151.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A  
PAYMENT ISSUE DATE: 8/27/2013

ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00010611</b>

<b>Gross Claim</b>	<b>\$</b>	<b>684.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>684.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>34,107.11</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A  
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**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00132861</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,575.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,575.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>426,998.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**BUTTE COUNTY TREASURER**

25 COUNTY CENTER DR

OROVILLE CA

95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<u>Total amount collected:</u>	<b>\$55,124,064.04</b>	Percentage of collection:	<b>0.11709222</b>
Gross monthly apportionment:	<b>\$6,454,598.76</b>	County/City Ratio:	<b>0.00893804</b>

Gross Claim	\$	57,691.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,691.47
YTD Amount:	\$	2,862,814.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 8/27/2013

**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00136298</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,797.49</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,797.49</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>438,045.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

**Total amount collected:** \$55,124,064.04 **Percentage of collection:** 0.11709222

**Gross monthly apportionment:** \$6,454,598.76 **County/City Ratio:** 0.00106889

<b>Gross Claim</b>	<b>\$</b>	<b>6,899.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>6,899.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>337,475.41</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**CONTRA COSTA COUNTY TREASURER**

625 COURT ST RM 102

MARTINEZ CA

94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

**Total amount collected:** \$55,124,064.04 **Percentage of collection:** 0.11709222

**Gross monthly apportionment:** \$6,454,598.76 **County/City Ratio:** 0.02011998

<b>Gross Claim</b>	<b>\$</b>	<b>129,866.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>129,866.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,466,377.78</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00127151</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,207.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,207.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>408,660.60</b>



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA

95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00494729</b>

<b>Gross Claim</b>	<b>\$</b>	<b>31,932.80</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>31,932.80</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,575,005.34</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.02544472</b>

<b>Gross Claim</b>	<b>\$</b>	<b>164,235.47</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>164,235.47</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>8,177,704.10</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**GLENN COUNTY TREASURER**  
516 WEST SYCAMORE STREET

WILLOWS CA 95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00122312</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,894.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,894.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>393,103.17</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00862801</b>

<b>Gross Claim</b>	<b>\$</b>	<b>55,690.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>55,690.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,656,603.68</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 8/27/2013

**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00880354</b>

<b>Gross Claim</b>	<b>\$</b>	<b>56,823.31</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>56,823.31</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,773,728.59</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

**Total amount collected:** \$55,124,064.04 **Percentage of collection:** 0.11709222

**Gross monthly apportionment:** \$6,454,598.76 **County/City Ratio:** 0.00165902

<b>Gross Claim</b>	<b>\$</b>	<b>10,708.30</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>10,708.30</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>533,198.62</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

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**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01721221</b>

<b>Gross Claim</b>	<b>\$</b>	<b>111,097.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>111,097.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,531,848.16</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00445851</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,777.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,777.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,432,930.51</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**LAKE COUNTY TREASURER**

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00199462</b>

<b>Gross Claim</b>	<b>\$</b>	<b>12,874.45</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>12,874.45</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>641,048.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00134022</b>

<b>Gross Claim</b>	<b>\$</b>	<b>8,650.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>8,650.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>430,725.96</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.31055687</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,004,519.94</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,004,519.94</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>99,810,237.21</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00444442</b>

<b>Gross Claim</b>	<b>\$</b>	<b>28,686.95</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>28,686.95</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,426,854.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00978121</b>

<b>Gross Claim</b>	<b>\$</b>	<b>63,133.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>63,133.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,049,957.89</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA

95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00071283</b>

<b>Gross Claim</b>	<b>\$</b>	<b>4,601.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>4,601.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>229,090.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00285162</b>

<b>Gross Claim</b>	<b>\$</b>	<b>18,406.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>18,406.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>916,491.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00629715</b>

<b>Gross Claim</b>	<b>\$</b>	<b>40,645.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>40,645.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,023,845.49</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MODOC COUNTY TREASURER**

204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00079122</b>

<b>Gross Claim</b>	<b>\$</b>	<b>5,107.01</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>5,107.01</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>254,286.45</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA

93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00114138</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,367.14</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,367.14</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>366,834.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00812081</b>

<b>Gross Claim</b>	<b>\$</b>	<b>52,416.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>52,416.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,609,951.99</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**NAPA COUNTY TREASURER**

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00419178</b>

<b>Gross Claim</b>	<b>\$</b>	<b>27,056.27</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>27,056.27</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,327,133.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00269972</b>

<b>Gross Claim</b>	<b>\$</b>	<b>17,425.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,425.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>863,133.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.06443976</b>

<b>Gross Claim</b>	<b>\$</b>	<b>415,932.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>415,932.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>20,710,368.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**PLACER COUNTY TREASURER**

2976 RICHARDSON DRIVE

AUBURN CA

95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00380641</b>

<b>Gross Claim</b>	<b>\$</b>	<b>24,568.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>24,568.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,223,351.24</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00113414</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,320.44</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,320.44</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>348,115.13</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.03289205</b>

<b>Gross Claim</b>	<b>\$</b>	<b>212,304.97</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>212,304.97</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,571,220.35</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.03445507</b>

<b>Gross Claim</b>	<b>\$</b>	<b>222,393.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>222,393.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>11,073,547.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<u>Total amount collected:</u>	<b>\$55,124,064.04</b>	Percentage of collection:	<b>0.11709222</b>
Gross monthly apportionment:	<b>\$6,454,598.76</b>	County/City Ratio:	<b>0.00159149</b>

Gross Claim	\$	10,272.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	10,272.40
YTD Amount:	\$	511,496.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN BERNARDINO COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.03996870</b>

<b>Gross Claim</b>	<b>\$</b>	<b>257,981.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>257,981.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,845,581.98</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN DIEGO COUNTY TREASURER**

PO BOX 980304

WEST SACRAMENTO

95798 0304

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.07799921</b>

<b>Gross Claim</b>	<b>\$</b>	<b>503,453.60</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>503,453.60</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>25,068,264.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.05924517</b>

<b>Gross Claim</b>	<b>\$</b>	<b>382,403.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>382,403.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>19,040,872.97</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01529155</b>

<b>Gross Claim</b>	<b>\$</b>	<b>98,700.82</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>98,700.82</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,914,565.61</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN LUIS OBISPO COUNTY TREASURER**

PO BOX 1149

SAN LUIS OBISPO CA

93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

**Total amount collected:** \$55,124,064.04 **Percentage of collection:** 0.11709222

**Gross monthly apportionment:** \$6,454,598.76 **County/City Ratio:** 0.00459190

<b>Gross Claim</b>	<b>\$</b>	<b>29,638.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>29,638.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,475,791.70</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01397273</b>

<b>Gross Claim</b>	<b>\$</b>	<b>90,188.38</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>90,188.38</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,490,715.80</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SANTA BARBARA COUNTY TREASURER**

PO BOX 579

SANTA BARBARA CA

93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00838715</b>

<b>Gross Claim</b>	<b>\$</b>	<b>54,135.70</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>54,135.70</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,695,565.51</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA

95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.03392571</b>

<b>Gross Claim</b>	<b>\$</b>	<b>218,976.83</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>218,976.83</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,903,431.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SANTA CRUZ COUNTY TREASURER**

PO BOX 1817

SANTA CRUZ CA

95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00556856</b>

<b>Gross Claim</b>	<b>\$</b>	<b>35,942.81</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>35,942.81</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,789,681.53</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA

95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00771512</b>

<b>Gross Claim</b>	<b>\$</b>	<b>49,798.03</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>49,798.03</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,445,195.63</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SIERRA COUNTY TREASURER**

PO BOX 376

DOWNIEVILLE CA

95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00026777</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,728.37</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,728.37</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>86,054.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00208333</b>

<b>Gross Claim</b>	<b>\$</b>	<b>13,447.06</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,447.06</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>669,567.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01114867</b>

<b>Gross Claim</b>	<b>\$</b>	<b>71,960.16</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>71,960.16</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,583,076.97</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01734409</b>

<b>Gross Claim</b>	<b>\$</b>	<b>111,949.15</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>111,949.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,412,084.33</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01168674</b>

<b>Gross Claim</b>	<b>\$</b>	<b>75,433.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>75,433.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,756,009.76</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**SUTTER COUNTY TREASURER**

PO BOX 546

YUBA CITY CA

95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00403598</b>

<b>Gross Claim</b>	<b>\$</b>	<b>26,050.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>26,050.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,277,316.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA

96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00274333</b>

<b>Gross Claim</b>	<b>\$</b>	<b>17,707.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>17,707.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>878,893.91</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00117462</b>

<b>Gross Claim</b>	<b>\$</b>	<b>7,581.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>7,581.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>377,506.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**TULARE COUNTY TREASURER**

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01120901</b>

<b>Gross Claim</b>	<b>\$</b>	<b>72,349.63</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>72,349.63</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,602,469.94</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**TUOLUMNE COUNTY TREASURER**

2 SOUTH GREEN ST

SONORA CA

95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00211072</b>

<b>Gross Claim</b>	<b>\$</b>	<b>13,623.88</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,623.88</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>678,374.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.01334315</b>

<b>Gross Claim</b>	<b>\$</b>	<b>86,124.69</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>86,124.69</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,288,377.78</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00370279</b>

<b>Gross Claim</b>	<b>\$</b>	<b>23,900.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>23,900.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,190,049.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00354046</b>

<b>Gross Claim</b>	<b>\$</b>	<b>22,852.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>22,852.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,126,649.41</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00143777</b>

<b>Gross Claim</b>	<b>\$</b>	<b>9,280.24</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,280.24</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>462,090.69</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA

90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00644647</b>

<b>Gross Claim</b>	<b>\$</b>	<b>41,609.36</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>41,609.36</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,071,842.25</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200410A

PAYMENT ISSUE DATE: 8/27/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2012-13

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Collection Period 7/16/2013 TO: 8/15/2013

<b>Total amount collected:</b>	<b>\$55,124,064.04</b>	<b>Percentage of collection:</b>	<b>0.11709222</b>
<b>Gross monthly apportionment:</b>	<b>\$6,454,598.76</b>	<b>County/City Ratio:</b>	<b>0.00212607</b>

<b>Gross Claim</b>	<b>\$</b>	<b>13,722.96</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>13,722.96</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>683,298.42</b>